

# VFC VACCINE DOSES ADMINISTERED WORKSHEET

Month/Year:	
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# CHECK THE APPROPRIATE BOX(ES) BELOW FOR PATIENT ELIGIBILITY AND VACCINES ADMINISTERED Underinsured\* and Insured\*\*-NOT ELIGIBLE FOR VFC VACCINE

		VFC ELIGIBILITY <1 Year 1-6 Years 7-18 Years											VACCINES																									
Patient ID	Shot Date	Medicaid	No Insurance	Underinsured*	Am. Indian/AK Native	Insured **	Medicaid	No Insurance		/AK Native	Insured**				AK Native/	Insured**	DT	DTaP	DTaP-IPV (Kinrix®)	DTaP-HepB-IPV (Pediarix®)	DTaP-Hib-IPV (Pentace®)	IPV	Hepatitis A	Hepatitis B	Hib	HPV (Cervarix)	HPV (Gardasil)	MCV4	MMR	MMR-V	PCV13	PCV13	PPSV23	ROTA	Т	Тdap	VAR	FLU
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TOTALS											Ì																											
RECORD THE TOTAL NUMBER OF CHILDREN IMMUNIZED BY AGE AND VFC ELIGIBILITY  Medicaid  No Insurance Underinsured*  American Indian/Alaskan Native Insured**  Insured**										- Teals 7-10 reals									Definition of VFC eligible "Underinsured": Underinsured children are eligible to receive VFC vaccine only through a FQHC, RHC, or under an approved deputization agreement (DHEC Clinics Only).  *Underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a FQHC, RHC, or under an approved deputization agreement (DHEC Clinics Only).																			
TOTAL CHILDREN IMMUNI	ZED																**Ins	sure	<u>d</u> - m	ust b	e ad	mini	stere	ed pr	ivat	e sto	ck.											

#### SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

# VFC VACCINE DOSES ADMINISTERED WORKSHEET

Instructions for Completing

## Purpose:

The purpose of the <u>VFC VACCINE</u> DOSES ADMINISTERED WORKSHEET is to provide a document to assist the non-DHEC immunization provider with completion of the VFC Program Provider Profile (DHEC 1145) required annually. This worksheet may be used to track the number of <u>VFC vaccine</u> doses administered by age and VFC eligibility category.

### **Item-By-Item Instructions:**

- 1. Record the month and year for reporting period.
- 2. Indicate the number of pages for reporting period.
- 3. For each child administered VFC vaccine, enter patient identification and shot date. Also indicate the age range of the child, VFC eligibility category, and check the VFC vaccine doses administered.
- 4. Once the form is full or at the end of the reporting period, enter the totals for each VFC eligibility category within each age range and the totals for <u>VFC vaccine</u> doses administered.

# Office Mechanics and Filing:

1. The completed VFC VACCINE DOSES ADMINISTERED WORKSHEET is kept on file by the provider for a period of three (3) years.